IDAHO DEPARTMENT OF CORRECTION

Volunteer Application

Facility:		i	
Full Legal Name:		Date:	
Driver's License Number:	State-issued:		
Social Security Number:	Date of	f Birth:	
Current Address:	-		
Street	City		Zip Code
Telephone No.:	_ Work:	Cell: _	
Email Address:		Work:	
Emergency Contact (name):		Telephone No.:	
Have you ever been convicted of a felony?	☐ Yes ☐ No		
If yes, when?		Where?	
Are you presently on probation or parole?	☐ Yes ☐ No		
If yes, where?			
Are you on an offender's visiting list?	☐ Yes ☐ No		
If yes, name and location of offender:			
Relationship to offender:			
Do you have a relative or friend incarcerated at any correction facility in Idaho? Yes No			
If yes, give name(s) and facility (attach addi	itional page if ne	ecessary):	
Have you ever been a victim of an offender	incarcerated at	an IDOC facility? \(\subseteq \) \(\text{Y} \)	′es 🗌 No
Have you ever worked for the IDOC or volu	nteered at a cor	rectional facility? \(\square\) Y	es 🗌 No
If yes, where and when?			
Name of organization/affiliation:	Telephone No.:		
Address:			
Street	City	State	Zip
Code	·		·
Criminal Background Check: Criminal record No criminal record ILETS operator's name and associate #:			
Recommended Yes No Volunteer se	ervice coordinate	or's signature and ass	ociate #
Recommended Yes No			
Deputy ward	den's signature	Date	
Approved Yes No			
Facility head's signature		Date	